REMARKS

In view of the above amendments and following remarks, reconsideration of the rejections and further examination are requested.

Claims 1 and 3-17 are pending in this application. Claims 1 and 3-17 stand rejected. Claims 1, 8 and 11 are amended herein. No new matter has been added.

Claims 1 and 3-17 are rejected under 35 USC § 103(a) as being unpatentable over Joao (U.S. Patent No. 6,283,761) in view of Felsher (U.S. Patent Application Publication No. 2002/0010679).

Claims 1, 8 and 9 have been amended so as to further distinguish the present invention, as recited therein, from the references relied upon in the above mentioned rejections.

The above mentioned rejections are submitted to be inapplicable to the amended claims for the following reasons.

Claim 1 is patentable over the combination of Joao and Felsher because claim 1 recites a medical information system including, in part, a patient server including a first database that stores and manages received vital information and unique identifications in a first database such that the vital information is associated with a corresponding unique identification, and transmits the stored and managed vital information and unique identifications, wherein the first database does not store patient data. Claim 1 further recites a medical care provider server connected to the patient server through a first network and including a second database, wherein the medical care provider server is operable to receive the vital information and unique identifications from the first database of the patient server through the first network, store and manage the received vital information, unique identifications and patient data in the second database, associate each of the unique identifications with corresponding patient data, identify corresponding patient data from each of the unique identifications, and allow the stored and managed vital information, unique identifications and patient data to be browsed.

In contrast, Joao discloses a medical information system including a server 10 that acts as a connection node for a health care provider device 20, a payer device 30, a patient device 40, and an intermediary device 50. The provider device 20, the payer device 30, the patient device 40, and/or intermediary device 50, can be any computer or

communication device, including, but not limited to, a personal computer, a home computer, a server computer, a network computer, a hand held computer and the like. Server 10, provider device 20, payer device 30, patient device 40, and intermediary device 50, can transmit information to, as well as receive information from, any of the other devices 10, 20, 30, 40, and 50.

Server 10 includes a database 10H that contains any and/or all of the information needed and/or required in order to perform any and/or all of the functions, services and/or operations for the invention of Joao. Database 10H contains data and/or information regarding patient name, patient identification information, patient social security number or other identification information, data of birth, doctors or providers and so on. The data and/or information which is or which may be stored in the database 10H, can be utilized and/or can appear in any of the reports, diagnostic reports, treatment reports, evaluation reports, provider reports, payer reports, patient reports, training reports, and/or any reports of Joao. The provider device 20, the payer device 30, the patient device 40 and the intermediary device 50, each contain, respectively, databases 20H, 30H, 40H, and 50H. Each of these databases can contain and/or be linked to any of the data and/or information described as being stored in the database 10H.

While using the system of Joao, a user can enter information concerning the patient, the treatment, and or care, which is desired to be evaluated and or monitored. Server 10 uses database 10H to obtain patient information, patient medical history, family history, if pertinent, system information, provider information, and or any other information which can be relevant and or pertinent.

Based on the above discussion, it is apparent that the medical information system of Joao stores information regarding patient identifications and associates these patient identifications with corresponding patient medical history. Moreover, there is no disclosure or suggestion in Joao that at least one of the computer devices 10, 20, 30, 40, and 50 stores and manages vital information that is associated with a corresponding unique identification, while not storing patient data associated with the corresponding unique identifications. In other words, the system of Joao does not describe a server having a first database that stores and manages vital information and unique identifications in the first database such that the vital information is associated with a

corresponding unique identification, and wherein the first database does not store patient data. Therefore, Felsher must disclose or suggest this feature in order for the combination of Joao and Felsher to render the present invention as recited in claim 1 obvious.

Regarding Felsher, it is relied upon in the rejection as disclosing second and third networks. Specifically, Felsher discloses a system of maintaining the security of medical records against unauthorized access or use including a medical information database 6 for storing patient medical records which may be encrypted or unencrypted. During operation, encrypted files are received and stored in conjunction with an index server 5 in the database 6. An index record is provided in the index server 5 for each database 6 entry, providing an identification for the patient, a locator for the associated record, and a set of access rules for the record. The patient records are intrinsically anonymous, and thus are identified only by association with the respective patient through index 5. Thus, database 6 maintains patient medical history records separate from corresponding patient identification information contained in the index server 5. Moreover, the patient records, albeit without the patient personally identifying information, may be used for anonymous summary information searches.

It is respectfully submitted that the cited art, as a whole, is not suggestive of the presently claimed invention. Specifically, Applicants respectfully submit that Felsher teaches away from Joao, and as such, supports the non-obviousness of the invention. More specifically, in contrast to Joao, Felsher clearly describes a medical security system including a database 6 that maintains patient medical history records separate from corresponding patient identification information contained in the index server 5.

By virtue of maintaining the database 6 separate from the index server 5, Felsher teaches against associating patient medical records with the corresponding unique identification. Moreover, because Felsher does not also employ a system that maintains patient medical history that is associated with corresponding unique identification information in a same database, it is incompatible with Joao. Substituting the medical security system of Felsher for the health care information system of Joao, renders the system of Joao unsatisfactory for its intended purpose because a user cannot then access a patient's medical history and/or other information that can be relevant and/or pertinent

using corresponding unique identifications. Because the proposed modification/substitution changes the principle of operation of Joao and renders Joao unsatisfactory for its intended purpose, Felsher is incompatible with Joao. Thus, considering the references as a whole, there is no reason to make the proposed combination of references. As a result, claim 1 is patentable over the combination of Joao and Felsher.

In the Office Action, the Examiner notes that obviousness can only be established by combining or modifying the teachings of the prior art to produce the claimed invention where there is some teaching, suggestion, or motivation to do so found in either the references themselves or in the knowledge generally available to one of ordinary skill in the art. Moreover, the Examiner asserts that it would have been obvious to combine the teachings of Felsher with the teachings of Joao with the motivation of providing a secure system for exchanging confidential information. The Applicants respectfully traverse this assertion.

MPEP § 2145(III) establishes that a claimed combination cannot change the principle of operation of the primary reference or render the reference inoperable for its intended purpose, and MPEP § 2145(VI) establishes that a prior art reference must be considered in its entirety. The Applicants respectfully submit that, although Felsher is in the same field of endeavor as Joao, the Examiner has not considered Felsher in its entirety. Specifically, it does not appear that the Examiner has considered how maintaining the database 6 separate from the index server 5, teaches against associating patient medical records with the corresponding unique identification. Thus, as discussed above, when Felsher is considered in its entirety, it teaches away from Joao because it changes the principle of operation of Joao and renders Joao inoperable for its intended purpose.

Regarding claims 8 and 9, they are patentable over the references relied upon in the rejections for reasons similar to those set forth above in support of claim 1. That is, claims 8 and 9 each, in part, recite a patient server or patient servers each comprising a first database and each patient server being operable to receive vital information and unique identifications, store and manage received vital information and unique identifications in a respective first database such that the vital information is associated

with a corresponding unique identification, and transmit the stored and managed vital information and unique identification, wherein said first databases do not store patient data, and a medical care provider server or servers connected to a patient server or patient servers through a first network and comprising a second database, the medical care provider server or servers are operable to receive the vital information and unique identifications from each of the first databases of the plurality of patient servers to the first network, store and manage the received vital information, unique identifications and patient data, associate one of the unique identifications with corresponding patient data, identify the corresponding patient data using each of the unique identifications, and allow the stored and managed vital information, unique identifications, and patient data to be browsed. These features are not disclosed or suggested by the references.

Because of the above mentioned distinctions, it is believe clear that claims 1 and 3-17 are patentable over the references relied upon in the rejections. Furthermore, it is submitted that the distinctions are such that the person having ordinary skill in the art at the time of invention would not have been motivated to make any combination of the references of record in such a manner as to result in, or otherwise render obvious, the present invention as recited in claims 1 and 3-17. Therefore, it is submitted that claims 1 and 3-17 are clearly allowable over the prior art of record.

In view of the foregoing amendments or remarks, all the claims now active in the application are believed to be in condition for allowance. Reconsideration and favorable action is respectfully solicited.

Should the Examiner please or have any remaining issues resolved before this application can be passed to issue, it is respectfully requested that the Examiner contact the undersign by telephone in order to resolve such issues.

Respectfully submitted,

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October 31, 2007